

AO 435 AZ Form (Rev. 10/2023)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
1. NAME Tayjalaya S. Williams		2. PHONE NUMBER 928-408-1422		3. DATE 12/3/2025		
4. FIRM NAME Pro Se						
5. MAILING ADDRESS Address Redacted - Under Seal		6. CITY Yuma		7. STATE Az	8. ZIP CODE 85365	
9. CASE NUMBER 2:24-cv-00379-ROS		10. JUDGE Roslyn O Silver		DATES OF PROCEEDINGS 11. 8/22/2024 12. 12/01/2025		
13. CASE NAME Transamerica Life Insurance Company v. Williams et al		14. phoenix		LOCATION OF PROCEEDINGS 15. STATE Arizona		
16. ORDER FOR <input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)		
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)						
PORTIONS	DATE(S)		PORTION(S)	DATE(S)		
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			Show Cause Hearing	08/22/2024		
<input type="checkbox"/> OPINION OF COURT			Show Cause Hearing	12/01/2025		
<input type="checkbox"/> JURY INSTRUCTIONS			<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS
30-Day (Ordinary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)		E-MAIL ADDRESS Tayjalayastormwilliams@gmail.com
14-Day Transcript	<input type="checkbox"/>	<input type="checkbox"/>				
7-Day (Expedited)	<input type="checkbox"/>	<input type="checkbox"/>				
3 -Day Transcript	<input type="checkbox"/>	<input type="checkbox"/>				
Next-Day (Daily)	<input type="checkbox"/>	<input type="checkbox"/>				
2-Hour (Hourly)	<input type="checkbox"/>	<input type="checkbox"/>				
Realtime Transcript	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).						
19. SIGNATURE Tayjalaya S. Williams						
20. DATE 12/3/2025						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY		PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

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